

**SOUTH-WEST METROPOLITAN
REGION**



**GRAYLINGWELL HOSPITAL
CHICHESTER**

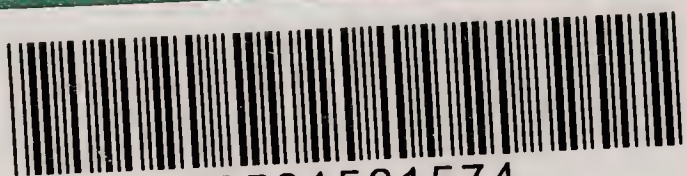
(Group No. 45)



**FIFTY-SECOND
ANNUAL REPORT**

1949

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SOUTH-WEST METROPOLITAN REGION

FIFTY-SECOND

ANNUAL
REPORT

of

GRAYLINGWELL HOSPITAL

CHICHESTER

(Group No. 45)

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The Management Committee.

MR. D. BRYCE, C.ST.J.
MR. A. CAIRNS, (*Chairman*).
MR. R. P. CHESTER, J.P.
MR. H. H. CORDERY, B.E.M.
DR. L. de R. EPPS, M.A., M.B., B.Ch.
MRS. E. HOLMAN.
LT.-COL. G. B. KENSINGTON, O.B.E., O.ST.J.
MR. D. A. LANGHORNE, M.B.E., F.R.C.S.
MR. W. J. LANGMEAD.
MRS. M. E. LAWSON.
MR. N. LONGLEY.
MR. W. G. S. NAUNTON.
MRS. P. B. P. NAUNTON.
MR. P. A. NORMAN.
MR. W. D. PASSMORE.
DR. D. RICE, M.A., M.B., B.Ch., D.P.M.

Sub-Committees.

Farm and Grounds :

MR. W. J. LANGMEAD, (<i>Chairman</i>)	
MR. R. P. CHESTER.	MR. P. A. NORMAN.
MR. D. A. LANGHORNE.	MR. W. D. PASSMORE.

House and Stores :

MRS. M. E. LAWSON, (<i>Chairman</i>)	
MR. H. H. CORDERY.	MR. N. LONGLEY.
DR. L. de R. EPPS.	MR. W. G. S. NAUNTON.

Finance :

MR. D. BRYCE, (<i>Chairman</i>)	
MRS. E. HOLMAN.	DR. D. RICE.
MRS. P. B. P. NAUNTON.	LT.-COL. G. B. KENSINGTON.

Secretary of the Management Committee :

MR. E. C. ENGLAND, F.H.A.

CONSULTING STAFF.

<i>Physicians</i>	<div> <div>H. SEAWARD MORLEY, M.D., F.R.C.P., (Lond.)</div> <div>J. G. J. GREEN, F.R.C.S., I., M.R.C.P.</div> <div>W. S. COLTART, M.B., Ch.B.</div> </div>
<i>Psycho-Analyst</i>	ERNEST JONES, M.D., F.R.C.P.
<i>Surgeons</i>	<div>D. A. LANGHORNE, M.B.E., F.R.C.S., (Ed.)</div> <div>A. G. ROSS, F.R.C.S., I.</div>
<i>Surgeon, Eye Department</i> ...	FRANK HECKFORD, M.R.C.S., L.R.C.P., D.O.M.S.
<i>Surgeon, Ear, Nose & Throat Department</i>	J. H. HARLEY GOUGH, M.A., M.R.C.S., L.R.C.P.
<i>Dental Surgeon</i>	A. J. ROBERTS, L.D.S., R.C.S. (Eng.)
<i>Anæsthetists</i>	<div>H. B. C. SANDIFORD, M.R.C.S., L.R.C.P., D.A.</div> <div>P. R. BROMAGE, M.B., B.S., D.A.</div> <div>L. de R. EPPS, M.A., M.B., B.Ch.</div>
<i>Radiologist</i>	J. H. BAIRD, M.B., Ch.B., D.M.R.E.
<i>Dermatologist</i>	COLIN JONES, M.B., B.S.

OFFICERS.

<i>Medical Superintendent.....</i>	JOSHUA CARSE, M.D., D.P.M. (Consultant Psychiatrist to the Royal West Sussex Hospital, Chichester, Worthing Hospital and Horsham Hospital).
<i>Deputy Medical Superintendent.....</i>	M. B. BRODY, M.D., D.P.M.
<i>Director of Clinical Research</i>	VACANT.
<i>Psychiatrists.....</i>	{ DAVID RICE, M.A., M.B., B.Ch., D.P.M. (Psychiatrist to the Royal West Sussex Hospital, Chichester). R. L. BUTTLE, M.R.C.S., L.R.C.P., D.P.M.
<i>Assistant Psychiatrists.....</i>	{ NYDIA E. PANTON, M.A., M.B., Ch.B., D.P.M. A. J. OLDHAM, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M. JOHN D. MORRISSEY, M.B., B.Ch.
<i>Registrars.....</i>	{ M. SALZMANN, L.R.C.P. L.R.C.S., L.R.F.P.S. J. TOWERS, M.B., B.Ch.
<i>House Physicians</i>	{ MARGARET V. M. MATHEWS, L.R.C.P. & S.I MARY C. MACCABE, L.R.C.P. & S.I. VACANT.
<i>Psycho-Therapist.....</i>	O. B. SHARP, M.B., B.S., M.R.C.S., L.R.C.P.
<i>Pathologist</i>	A. KIRSHNER, M.B., Ch.B., D.T.M.
<i>Clinical Psychologist.....</i>	MOYRA WILLIAMS, B.LITT.
<i>Physio-Therapist.....</i>	M. W. HARRY, M.C.S.P., M.E., L.E.T.
<i>Chaplain</i>	REV. J. C. SALISBURY.
<i>Chaplain, R.C.</i>	REV. J. P. HARTE, B.A.
<i>Chaplain, Free Church.....</i>	REV. P. J. SPOONER, B.D.
<i>Secretary of the Management Committee, Finance and Supplies Officer</i>	{ E. C. ENGLAND, F.H.A.
<i>Matron.....</i>	L. DE GRAS, S.R.N., R.M.N., S.C.M.
<i>Chief Male Nurse.....</i>	S. G. RICHARDS, R.M.N.
<i>Social Workers</i>	{ E. E. NEVELL. M. JOSEPHINE BUTCHER, Barrister at Law. VACANT.
<i>Head Occupational Therapist</i>	M. THOMPSON, M.A.O.T., O.T.R.
<i>Chief Pharmacist</i>	JACK FLITCROFT, Ph.C., M.P.S.
<i>E.E.G. Technician.....</i>	J. C. SHAW, B.Sc., Grad. I.E.E.
<i>Senior Laboratory Technician</i>	H. A. SEYMOUR, A.I.M.L.T., M.R.I.P.H.H.
<i>Engineer.....</i>	J. C. CHYNOWETH, A.M.C.T. (Mech. Eng.)
<i>Farm Bailiff</i>	W. H. HIGGOTT.

SOUTH-WEST METROPOLITAN REGION

Graylingwell Hospital, Chichester

(Group No. 45)

The First Report of the Management Committee

being the

FIFTY-SECOND

Annual Report of Graylingwell Hospital.

1. INTRODUCTION.

Nearly a century ago, a statutory obligation was imposed upon every Committee responsible for the management of a public mental hospital to report annually to its parent authority as to "the state and condition of the hospital, as to its sufficiency to provide the necessary accommodation, and as to its management and the conduct of the officers and servants and the care of the patients therein." A permissive proviso gave a general discretion to include remarks on any matters connected with the Hospital.

The Management Committee have decided to continue this practice although there is now no legal requirement for them to do so. There is, however, an increasing tendency to introduce the subject of psychiatry into literature, the theatre and the cinema and, in the opinion of the Committee, the need is greater than ever before for the general public to be informed of the true facts, in order that the mistaken ideas and impressions, which unfortunately abound, may be effectively counteracted and corrected.

The Committee, therefore, have pleasure in publishing their annual report, the first since the commencement of the National Health Service, and the fifty-second since the opening of Graylingwell Hospital in 1897.

They are confident that they are able to rely upon the local press to afford to it the generous publicity which they have hitherto provided to such good purpose.

The full record of the year's many and various activities, together with complete statistical data, will be found in the Report of the Medical Superintendent which is appended, and to which particular attention is directed.

2. CONSTITUTION OF COMMITTEE.

The Management Committee, as at present constituted, includes representatives from the former Visiting Committee, and their past experience and intimate knowledge of the Hospital and its concerns have contributed, in no small measure, to a smooth readjustment to the new system of administration.

The full membership of the Committee will be found on page 4 of this Report.

3. PRINCIPAL OFFICERS.

The Committee are extremely fortunate in having the services of Dr. Joshua Carse as their Medical Superintendent. The new service has entailed many additions to his already heavy duties, while the situation has been complicated by the unfortunate and protracted illness of Dr. M. B. Brody, the Deputy Medical Superintendent. It is, therefore, all the more gratifying to record, that under the direction of Dr. Carse, the Hospital has continued to thrive, and to maintain and extend its exceedingly high standard of service to the community.

Mr. E. C. England, formerly the Clerk to the Visiting Committee and Lay Administrator, has been appointed to the combined posts of Secretary of the Management Committee, and Finance and Supplies Officer.

4. FINANCE.

The Committee are entirely satisfied that the financial administration of the Hospital is conducted with efficiency and with due and proper regard to economy; that the cost of maintenance is increasing is largely due to matters over which the Committee have no control, such as the higher rates of salaries and wages which are now in operation, and the generally rising prices of all necessary commodities.

The Committee regret that the financial stringency of the present time has necessitated a somewhat drastic curtailment of works of a capital nature which had been scheduled for execution during the year 1949/50; in the opinion of the Committee a similar reduction in maintenance expenditure could only be effected by a considerable lowering of the standard of treatment and of the general services provided by the Hospital.

The District Auditor has completed his examination of the final accounts of the Visiting Committee, and has presented very satisfactory reports.

5. TREATMENT.

The area served by Graylingwell Hospital has the benefit of a comprehensive, extremely well organised and thoroughly efficient Mental Health Service.

This will be the more completely realised and appreciated upon reading the Report of the Medical Superintendent in which he reviews and discusses the many psychiatric services which are now available and in extensive use.

It will be seen that the utmost care and attention are devoted to the welfare and treatment of both In-Patients and Out-Patients, that there has been a steadily increasing demand from outside sources for consultations, advice and information, and that the services of the specialist staff have been freely placed at the disposal of any responsible authority having need of them.

It only remains for the Committee to express their appreciation of the work of all members of the staff and to congratulate them upon the satisfactory results which have been achieved as the outcome of their efforts.

6. HEALTH.

It is satisfactory to report that the Hospital has been entirely free from epidemic disease and that, in general, the health of the patients and staff has been good.

There is, however, one disturbing factor to which reference must be made; Dr. Carse has repeatedly drawn the attention of the Committee to the high proportion of elderly patients who are being admitted to this Hospital, many in an advanced stage of physical illness and a considerable number of whom die within a few days of admission. While this is by no means a

recent development, it has become more marked during the first few months of 1949 and it must be anticipated, therefore, that the death rate for this year will exceed the comparatively high rates of the past two years.

The Committee hope that future planning will make provision for alternative accommodation for the care and supervision of the aged, and that the necessity for such people to spend their last days in a Mental Hospital will be obviated.

7. MEDICAL STAFF.

The names of the Consultants to the Hospital and of the present whole-time Medical Staff will be found on pages 5 and 6 of this Report.

Dr. Erwin Stengel, the Director of Clinical Research, has relinquished his appointment and it is hoped that a successor will be appointed in the near future. In view of the shortage of suitable accommodation, the Committee have submitted a recommendation that a house should be purchased for rental by the Officer to be appointed.

The Committee desire to express their indebtedness to the Group Medical Advisory Committee for their co-operation and advice on the many matters coming within their purview.

8. STRUCTURAL AND CAPITAL WORKS.

The following major schemes were completed during the financial year ended 31st March, 1949 :—

Provision of an Electro-Encephalograph.

Replacement of obsolete and inefficient Refrigerating Plant.

Alterations to the Convalescent Home at Worthing.

Adaptations to the Farm House to provide accommodation for a Medical Officer.

In addition, repairs to the structure and to the engineering plant were carried out as necessary, and the state and condition of the Hospital is regarded as generally satisfactory.

Works in progress at the present time include :—

Improvements to Staff accommodation.

Erection of a Hut for use as a Preliminary Training School.

Erection of two Huts for Occupational Therapy purposes.

The Regional Hospital Board has also approved the following

schedule of works for execution during the year 1949-50 :—

- Erection of four Staff cottages.
- Connection of the Hospital to the public electricity supply.
- Connection of Old Farm Place Cottages to the public water supply.
- Provision of a water supply to all Farm meadows.

Negotiations are in an advanced stage for the purchase of a property which it is proposed to use as a Nurses' Hostel, the accommodation provided by the present Nurses' Home being entirely inadequate.

Schemes which have been deferred or are at present under consideration include :—

- Erection of at least 12 additional staff cottages.
- Replacement of the present obsolete X-Ray Plant.
- Erection of a Filing Room.
- Alterations to the Recreation Hall.
- Reorganisation of the Laundry.

A matter of considerable urgency is the necessity to reorganise the Hospital Dairy Farm ; the present cowsheds are structurally unsuitable and, it is considered, wrongly sited. The Committee hope that they will be permitted to remedy the present very unsatisfactory conditions at an early date.

Schemes which, under present circumstances, must be regarded as forming part of the Committee's long-term policy include the erection of an Early Treatment Centre, the plans for which have been prepared, and the provision of a Hostel for Male Nurses.

9. FARM.

It is noteworthy and extremely gratifying to report that the quantities of meat, milk, eggs and vegetables supplied by the Farm have been entirely adequate to meet the full requirements of Graylingwell Hospital, and that surpluses of potatoes and other vegetables have been made available to other Hospitals in the vicinity.

10. GENERAL.

The Reports of the Chaplains are appended to this Report.

Finally, in recording that the conduct of the Officers and

Staff has been worthy of the highest commendation, the Committee desire to reiterate their thanks to them for their loyalty and valuable services throughout the year.

Signed on behalf of the Management Committee at a Meeting held on the 28th day of July, 1949.

ANDREW CAIRNS.

Chairman.

ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.

GRAYLINGWELL HOSPITAL,
CHICHESTER.

30th June, 1949.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Fifty-second Annual Report of your Hospital for the year ended 31st December, 1948, together with an account of its extra-mural services.

A. EXTRA-MURAL PSYCHIATRIC SERVICES.

1. OUT-PATIENT CLINICS.

The Clinics are held at 2.30 p.m. on Mondays at Horsham Hospital, Tuesdays at Worthing Hospital, and Thursdays at the Royal West Sussex Hospital, Chichester. Details of the attendances during 1948 are shown below :

			New Patients	Other Attendances	Total Attendances
Worthing...	...	...	227	700	927
Chichester	...	...	199	475	674
Horsham...	...	...	112	256	368
			538	1431	1969

Accompanying the psychiatrist in charge of each clinic are an assistant psychiatrist, a house physician and a psychiatric social worker. In this way continuity of treatment by the same doctor is provided for those patients who subsequently need to enter Graylingwell. It also enables junior members of the medical staff to gain experience in the psycho-neuroses and clinic practice generally. Whenever requested or indicated, the patient can, of course, have a private discussion with the psychiatrist alone.

In addition to the regular clinics held at the general hospitals in the County, an active out-patient service is provided at Graylingwell Hospital itself. During 1948, 66 new cases were examined and reported upon and 97 subsequent interviews were given by the senior members of the staff. These patients were seen by appointment—frequently in the evenings and at the

weekends—and although the work is most time-taking and is an additional demand on the staff, all are agreed that it is a highly profitable and valuable extension of out-patient treatment which is much appreciated by the public.

Active treatments continue to be given with success. In 47 cases, electric convulsant therapy was given for the relief of depression, making a total of 354 out-patients who have received this treatment since August 1942. The use of Modified Insulin Shock Therapy has been increased. As is most convenient, out-patients receive this treatment at the Royal West Sussex Hospital, Chichester, or at our Treatment Centre at Worthing. During 1948, 12 out-patients had courses of Modified Insulin at Chichester, and 11 at Worthing.

Special arrangements were made for selected cases to receive prolonged psychotherapy from Dr. Olive Sharp.

Method of Referral.—Appointments for new patients can be made by application to the Almoner of the Hospital they wish to attend.

2. EXTRA-MURAL IN-PATIENT TREATMENT.

Royal West Sussex Hospital, Chichester.—In January 1949, the Royal West Sussex Hospital allocated four beds for the in-patient treatment of suitable psychiatric cases. These beds are at the disposal of Dr. Rice, the Psychiatrist in charge of the out-patient clinic of this general hospital, and they are intended for the use of patients requiring special investigations, rest and observation, or active treatments such as Malaria and Penicillin, E.C.T., or Modified Insulin. The close proximity of this hospital to Graylingwell makes it easy to arrange the necessary psychiatric supervision, otherwise the beds receive the same medical and nursing care as the rest of the hospital. The staff have been most co-operative, they have shown a progressive outlook towards this small unit, and, with us, believe it to be one more important contribution to the rational treatment of the psychiatric in-patient. During the past six months, 10 patients (M.3, F.7) have been treated with very good results.

Rehabilitation and Treatment Centre, Worthing.—The Rehabilitation Centre at Worthing has been reorganised and extended. As well as giving accommodation for 8 convalescent patients (4 men and 4 women) from Graylingwell, it now includes a small Treatment Unit for in-patients. This unit can take 9 female patients, and here well-conducted co-operative patients

suffering from the psycho-neuroses or early psychotic conditions can receive the treatment they need under ideal conditions with a consequent marked improvement in their response. Emphasis is placed on psychotherapy and social therapy (including organised occupational therapy), but active treatments such as E.C.T. and Modified Insulin are also practised. There is a resident medical, nursing and domestic staff, and in addition to giving individual attention to the patients in the Centre, out-patients from the Worthing Hospital Clinic attend for treatment, including prolonged psychotherapy, E.T.C. and Modified Insulin. Dr. Nydia Panton is the psychiatrist in charge, and she is kept extremely busy, for in addition to the Centre, she does some of the domiciliary and extra-mural work of the Worthing district.

Since the Treatment Centre was opened on 1st November, 1948, 24 patients have been resident. The results of treatment have been excellent and there is no doubt that this type of accommodation meets the requirements of the most important class of patient.

3. SOCIAL SERVICE.

As in previous years, the psychiatric social workers have played their invaluable part in the extra-mural services of the hospital. They have attended the out-patient clinics and collected the information so essential for the proper understanding of the patient and his condition. They have visited the patients' homes, advised in domestic problems, found work for the unemployed, assisted patients to overcome their social difficulties, and generally helped them to become happier, better adjusted and productive members of the community. In addition to all this, they remain the unfailing friend and adviser, and are always available in time of trouble. The social worker, therefore, is an indispensable assistant of the psychiatrist, for she helps the patient to translate precept into practice.

The out-patient social club at Chichester, known as "The Concord Club," has had a most successful year and Dr. Brody, who organised the club and has been in charge, reports as follows:

"The first meeting of this Club was held on 26th February, 1948, and 38 meetings have been held up to and including 9th December. The average attendance has been about 20, which is a highly suitable number for a club of this type, although 25 is perhaps nearer the ideal. Attendance slackened off a little during my illness because these patients do become attached to a particular person and, in addition, during the summer months many patients were on holiday. The numbers in the Spring and

at present were nearer the ideal of about 25.

The programmes have been varied and have included Brains Trusts, Debates, Whist Drives, Beetle Drives, Games Evenings, Competition Evenings, Play Readings, Visits to the local Theatre, Film Shows given by a member, etc., etc. A regular and, I believe, very popular feature is a discussion evening led by myself at least once a month. On these occasions important psychological problems are always discussed, and psychotherapy is direct.

The Club has, I sincerely believe, been a great success. Many of the patients say that the Club day is the one they look forward to and that the Club keeps them going. I am highly delighted with the spontaneity which is shown by the members and which is greatly reflected in two special evenings which are being run at Christmas. One is a party given by the patients for the children of members and relatives. The other is to be a Christmas dinner with a party for friends and relatives afterwards. The patients have themselves arranged this and are arranging to supply most of the food and to cook it themselves. In addition, they are to give a Puppet Show for which they have written the play and made the Puppets.

I would like to express my indebtedness to Miss Butcher, Psychiatric Social Worker, and Miss Clarke, Occupational Therapist, who have been of great assistance to me, and my debt is none the less because I believe they have enjoyed the work. I am also greatly indebted to Dr. Rice, who kept the Club together nobly while I was away."

At the Treatment Centre at Worthing, organised social events have become an important and popular item in the curriculum. So far, these have been mostly outdoor fixtures at weekends, consisting of rambles, picnics, cycle trips and motor coach excursions, arranged and supervised by Dr. Panton. In addition, however, social evenings are held from time to time at the Centre. These social evenings and outdoor recreations are enjoyed not only by the residents, but also by ex-patients and by patients from the Worthing Clinic. It appears, therefore, that another social club is rapidly evolving and it is hoped that soon it will be fully developed and its activities extended and organised on the lines of the Concord Club. All who have had experience of this form of social therapy are convinced of its value.

4. MARRIAGE GUIDANCE.

Dr. R. L. Buttle is the Psychiatrist serving on the panel of consultants of the Marriage Guidance Council in this district, and he reports as follows :

"While advice concerning the psychiatric problems arising in connection with marriage has long been an integral part of our

general psychotherapeutic approach, it was until recently restricted to in-patient practice and to those out-patients seen at the three Clinics. In July, 1947, the Hospital was invited to select a psychiatrist to serve on the panel of consultants of the Bognor and Chichester Marriage Guidance Council and this invitation was gladly accepted, as it was appreciated that the marriage guidance problems coming to our notice through the usual channels represented only a fraction of the work to be done in this field.

Many initial difficulties were encountered and it was not until January, 1948 that the Marriage Guidance Council officially commenced its work. Since then some 50 cases have been seen and of these six were referred for psychiatric advice during 1948."

5. CONSULTANT SERVICE.

In each of the hospitals where clinics are held, the psychiatrist in charge is always available for consultation for in-patients.

Since 5th July, 1948, 46 domiciliary visits have been made by the senior members of the medical staff.

During 1948, St. Richard's Hospital was visited frequently and 32 patients were examined and reported on.

In the same year, 5 visits were made to the King Edward VII Sanatorium, Midhurst.

Regular weekly visits were paid to North View, East Preston and Budgenor Lodge, Midhurst, formerly known as Public Assistance Institutions. In addition to giving advice and guidance on the care, management and occupation of those resident—principally senile patients—special examinations were made of 56 cases at North View, and 43 at Budgenor Lodge.

6. THE COURTS, POLICE and PROBATION OFFICERS.

During 1948, 12 cases were examined and reported on, and on several occasions the psychiatrist attended Court. The close and friendly liaison which has existed for so long between the Courts, the Officers and ourselves, has been well maintained, and through their collaboration we have been able to provide a service which we believe to be of value to the community.

7. CHILD PSYCHIATRY.

Mental Deficiency.—In West Sussex, the mental defectives are ascertained, managed and disposed of by the Medical Officer

of Health, who is responsible to the Mental Deficiency Sub-Committee of the County Council.

Child Guidance.—The full-time clinics at Chichester, Worthing and Horsham, are administered by the Child Guidance Sub-Committee of the County Council.

8. PUBLIC RELATIONS.

An important part of our duties is to keep the public well informed of the various psychiatric services available—not only their curative aspects, but the great assistance they can give in the development and maintenance of good mental and physical health. Also we must constantly attack the harsh, ignorant prejudice which is still held against the mental hospital by a section of the community.

We have found from some years of experience that these objects are best attained by a direct and personal approach. The senior medical staff, therefore, devote much time to giving lectures, or taking part in discussions on the subject of psychiatry—its practice and its ideals. Requests for these lectures are received frequently and in the discussions which follow we have found that the ordinary man and woman is keenly interested in this subject and eager to learn more about it.

We have had an opportunity, therefore, of talking to a large number of groups of people, including various Study Groups, Debating Societies, Luncheon Clubs, Nursing Associations, Women's Institutes, Women's Guilds, Women's Civic Groups, Toc H. Clubs, Rotary Clubs, The Round Table, Theological Societies, The British Red Cross, St. John's Ambulance, etc., etc. For some time our practice has been to follow up the lecture by arranging for the group to visit Graylingwell and see for themselves what the hospital is like. These visits are not just conducted tours of carefully selected centres, but the whole hospital is open for inspection by bona-fide visitors. In this way preconceived and erroneous ideas are removed, and the visitors get a personal impression of modern mental hospital practice and conditions which they can pass on to their friends.

During the year we also took part, by request, in the Refresher Course arranged for senior members of the Police, and we gave special lectures to the Probation Officers and to School Teachers.

Finally, the General Practitioners have, as previously, given us their active co-operation, and shown great interest in our

many activities. We have been able to keep in personal touch with them through the Domiciliary Consultations, and at the Open Clinical Meetings of which two were held at Graylingwell last year. We are also continuing the practice of sending a copy of the Annual Report to each doctor in the district.

The considerable time and effort devoted to ensuring good public relations, however, has been well spent. We believe we have gained the confidence of the ordinary citizen and helped to dispel much of the fear and ignorance of psychiatry and of the mental hospital, and thereby greatly increased the scope and effectiveness of our work. Further, in a speciality such as this, which so easily lays itself open to attack, the only defence is a well informed public.

B. GRAYLINGWELL HOSPITAL.

1. ADMISSIONS.

A comparison of the number and status of the patients admitted direct to the Hospital during 1947 and 1948 is given below :

	1947			1948			Increase or T. decrease
	M.	F.	T.	M.	F.	T.	
Voluntary	150	234	384	140	274	414	+30
Temporary	—	3	3	1	2	3	
Certified	70	104	174	60	98	158	—16
	220	341	561	201	374	575	+14

The average age on admission was 48.16 years, while 117, or 20.34% were aged 65 or over.

72.5% of the total direct admissions were voluntary or temporary patients. Of the 158 patients classified as certified, however, 108 were admitted under Urgency Orders—an order authorising removal but lasting only 7 days. Of these, 1, who was seriously ill on admission, died within 7 days, 4 left at the expiration of the Order, 5 were regraded as temporary patients, 86 continued treatment as voluntary patients, and in only 10 cases was it necessary to proceed with full certification. In practice, therefore, 508, or 88.3% of the patients admitted during 1948, received treatment as either voluntary or temporary patients.

2. INVESTIGATION.

Before treatment is undertaken, an accurate assessment of the patient and his condition must be made and whenever possible a precise diagnosis reached. This is often a difficult and lengthy procedure, and in addition to a searching psychological and physical examination, requires the assistance of specialist and ancillary services.

Clinical Psychologist.—In the majority of cases, Mrs. M. Williams has made a psychological investigation into the intellectual and personality make-up of new admissions. This information has been most helpful in the accurate assessment of the patient and in making a differential diagnosis in difficult cases.

Psychiatric Social Workers.—Mrs. E. E. Nevell devotes her time to Worthing and its environs and attends the Worthing Clinic. Miss M. J. Butcher attends the Chichester and Horsham Clinics and investigates the patients admitted to Graylingwell from those areas. Miss N. G. Cook left to take up another post in December 1948, and unfortunately we have not yet been able to obtain a replacement.

In addition to their work at the clinics, the social workers have provided a similar service for Graylingwell. They have obtained a detailed family and personal history of new admissions, they have maintained contact between the patient and his home, thereby relieving much anxiety and worry, they have, with medical guidance, undertaken the rehabilitation of patients leaving the hospital, and finally they have made frequent follow-up visits to ensure that all was going well with the patient.

During 1948, 467 histories were obtained, 342 follow-up visits were made, and 319 visits undertaken in connection with the employment of discharged patients. These figures give some indication of the great amount of work carried out by the social workers. They are not, however, by any means a complete catalogue of their activities.

Laboratory and X-Ray Department.—The Chief Technician, Mr. H. A. Seymour, has to assist him another trained technician, Mr. A. Mair, and a girl student, the department having been approved for the purpose of training.

As in previous years, all new patients were subjected to routine systematic laboratory and X-ray investigations. This information is indispensable if diagnosis is to be accurate and

physical treatments to be administered with safety. The department also gave invaluable assistance in the prompt diagnosis and treatment of intercurrent illnesses occurring in the Hospital. In addition, 67 out-patients had laboratory and X-ray investigations made in the course of their special physical examination.

The following table gives some details of the work done during 1948 :—

Blood :

Kahn	..	..	..	..	..	..	793
Counts (including Hb. and differential)	..	..	..	..	..	..	867
Urea	..	..	..	..	..	..	728
Sedimentation	..	..	..	..	..	..	1318
Bromide	..	..	..	..	..	..	651
Fasting Sugar	..	..	..	..	..	..	778
Sugar tolerance curves	..	..	..	..	..	..	27
Culture	..	..	..	..	..	..	2
Van den Burgh	..	..	..	..	..	..	17
Malaria Parasites	..	..	..	..	..	..	31
Widal (Typhoid and Dysentery)	..	..	..	..	..	..	610
Cholesterol	..	..	..	..	..	..	11
Sodium	..	..	..	..	..	..	18
Calcium and Magnesium	..	..	..	..	..	..	6
Chlorides	..	..	..	..	..	..	13
Potassium	..	..	..	..	..	..	4

Cerebro-Spinal Fluid (complete examination) 72

Urine :

Routine	..	..	..	..	..	..	2364
Culture (Typhoid, Dysentery, etc.)	..	..	..	..	..	..	604
Urea	..	..	..	..	..	..	11
Bile	..	..	..	..	..	..	3
Bence-Jones Protein	..	..	..	..	..	..	26

Faeces :

Culture (Typhoid, Dysentery, etc.)	..	..	..	..	..	..	617
Occult blood	..	..	..	..	..	..	25
Tubercle bacilli	..	..	..	..	..	..	33
Worms and Ova	..	..	..	..	..	..	15

Sputum : Tubercle and other organisms 49

Nasal and Throat Swabs : Diphtheria, etc. 107

Fractional Test Meals 10

Sections 65

Water : Bacteria, etc. 12

Miscellaneous 41

Electro-cardiographs 21

X-RAY DEPARTMENT.

Number of Patients X-Rayed	..	..	..	..	1185
Chest	476	Femur and Hip ..	60		
Spine	262	Knee	21		
Sinuses.. ..	69	Ankle	19		
Sacro-iliac and Coccyx	8	Foot	20		
Humerus and Shoulder	53	Skull	82		
Elbow	14	Abdomen	5		
Radius and Ulnar ..	5	Gall Bladder ..	7		
Hand	22	Kidney	6		
Wrist	16	Barium Meals ..	20		
Ribs	7	Barium Enemata ..	8		
Pelvis	5	Dental	17		
Air Encephalographs ..	..	..	..	..	3

Electro-Encephalography.—Mr. J. C. Shaw is the technician in charge of the recently installed electro-encephalograph. This equipment is used as an aid to diagnosis in certain conditions and for research purposes. The work has not yet been fully organised, but already 172 cases have been investigated and the information supplied has been of great value and interest.

Consultant and Specialist Services.—The Consultant Physician attended on request. During 1948 he made 15 visits to the Hospital and gave valuable assistance in difficult cases.

The Consultant Psycho-Analyst visited us from time to time and at one of our clinical meetings we had the privilege of hearing him lecture on “Paranoia.”

The Consultant Surgeon attended each week. During 1948, 62 major and 35 minor operations were performed.

The Radiologist visited the Hospital each week. Last year 1,185 patients attended his department.

The Pathologist spends two days each week in the Hospital, supervising the work of the Laboratory and the post-mortem room.

The Ear, Nose and Throat Surgeon held a fortnightly clinic. New patients had a routine examination with special reference to focal sepsis. During additional sessions, the following operations were performed—20 tonsillectomies, 5 antrostomies, and 1 mastoidectomy.

The Ophthalmologist attended when required. Last year he examined 55 patients (M.18, F.37).

The Dermatologist visited on request. During 1948, he examined 27 patients (M.7, F.20).

The Dental Surgeon conducts a weekly clinic. All new admissions were examined, again with special reference to sepsis. The resident patients in the Hospital who are well enough to attend have at least one routine inspection a year, and much conservative treatment is given. Last year, 1,212 patients (M.479, F.733) visited the clinic.

3. TREATMENT.

Psychotherapy.—We are fortunate in having the services of Dr. Olive Sharp who, as a part-time member of the staff, devotes $2\frac{1}{2}$ days a week to the deep analytical psychotherapy of selected cases. The other members of the medical staff, however, also spend a considerable part of their time in personal discussion with the patients, for we are of the opinion that even when a physical treatment has been used with benefit the patient still needs psychotherapeutic attention before discharge can be considered. Where these personal interviews are neglected we believe the possibility of relapse to be increased.

In addition, 29 patients (M.13, F.16) underwent narco-analysis. This procedure we have found to be most profitable in suitable cases.

Electric Convulsant Therapy.—During 1948, 248 patients (M.63, F.185) had the benefit of this form of shock therapy. In the relief of depression, the main indication, the results were satisfactory. The practice of giving this treatment in the evening with careful consideration of the comfort of the patient, has been continued. Maintenance E.C.T. was also given to a number of dull, stuporose patients with fair results.

“Glissando” E.C.T. was given to 39 patients (M.18, F.21). In these cases the convulsion was induced by means of the Shotter-Rich equipment. The slower onset of the fit imposes less strain on the patient and minimises the risk of fractures—both spinal and long bone. Because of these advantages this form of E.C.T. is being much more extensively used.

E.C.T. with Curare.—Last year, 32 patients (M.10, F.22) had this modified form of convulsion therapy. Curare pre-medication made it possible to give treatment to those patients to whom otherwise it would have been debarred owing to physical disabilities such as deformities, general enfeeblement, etc.

Electro-Narcosis.—Dr. Rice, who has supervised this treatment and analysed the results, reports as follows :—

“25 patients, all Schizophrenics, were given this type of treatment. 15 female patients had 197 treatments—an average of 13; and 10 male patients had 118 treatments—an average of 11.8. Of these, 5 patients (M.2, F.3) completed a full course of 30 treatments.

The results were very disappointing. Of those who took their discharge, 2 female patients were recovered, 2 (M.1, F.1) were improved, and 2 (M.1, F.1) showed no change. In addition, 1 male patient after his first treatment decided to leave the Hospital, and 1 male patient died suddenly during the treatment.

The staff is of the opinion that this type of treatment gives no results better than would be expected by ordinary E.C.T. and that in view of the dangers as well as the very unpleasant feelings produced in some patients, the indications for its use are very limited.”

Cardiazol.—During 1948, 18 patients (M.16, F.2) had this chemically induced convulsive therapy. We find it most useful in the treatment of confusion and excitement.

Insulin.—Dr. Brody, who is in charge of the Insulin Unit, reports as follows :

“The Insulin figures for 1948 are very similar in all respects to those of 1947. An analysis of the results is given in the accompanying table.”

	Recovered.			Improved.			No Change.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenia ...	7	10	17	5	3	8	5	5	10	17	18	35
Mixed Schizo-Affective	1	4	5	1	—	1	1	1	2	3	5	8
Schizoid Psychopath	—	—	—	—	—	—	—	2	2	—	2	2
	8	14	22	6	3	9	6	8	14	20	25	45

45 full treatments were given with recovery or improvement in 69% and no change in 31%. Electro-therapy was combined with Insulin Therapy in the cases of 14 men and 16 women. The treatment had to be suspended for various reasons before 10 comas had been given in the case of 3 men and 6 women. These cases are not included in the table. The average number of comas for all patients was 41, but for the recovered patients was only 32.

It is our practice to give as many as 60 or even more comas before relinquishing hope of improvement, but it is clear that in the vast majority of cases where treatment is going to be valuable, improvement occurs early.

A large number of the schizophrenic patients treated were of the paranoid variety and in many cases it is to be feared that the recovery is no more than an alleviation of the worst symptoms and that relapse is likely even though the patient is able to return home.

In order properly to evaluate Insulin Therapy, it is probably necessary to consider the results over much longer periods than a year."

Modified Insulin.—The use of Insulin in sub-coma dosage has been greatly extended. Good results have been obtained in many patients where anxiety, tension, asthenia, anorexia with under-nourishment, and general visceral discomfort were prominent symptoms. We have also found it to be very effective in the management of excited and disturbed patients: sedation has been reduced and unemployed patients have been enabled to work in the Occupational Therapy Department and Centres. Altogether 188 patients (M.39, F.149) had this treatment during 1948.

Prolonged Narcosis.—5 patients (M.3, F.2) were treated last year. The courses lasted 10 to 15 days and benefited cases of acute agitation and restlessness.

Malaria and Penicillin.—Only 3 patients suffering from General Paralysis were admitted to the Hospital during 1948. Rather exceptionally, these were all women. All had malaria, and two also had a combined course of penicillin. One patient recovered, one was relieved, and one, who was an advanced case, died.

Pre-frontal Leucotomy.—Since October 1942, Mr. A. G. Ross has operated on 370 patients (M.161, F.209). A detailed analysis of the first 345 has been made by the Director of Clinical Research and a report as to his findings will appear in the press. Some general reference to the results, however, are given in the section of this report dealing with Research. Always remembering that the patients who have received this operative treatment were chronic cases who had failed to respond to other treatments and who otherwise would most probably have been condemned to an incapacitating psychiatric disorder for the rest of their lives, the results are most encouraging and prove conclusively that Pre-frontal Leucotomy is an established and major form of treatment.

4. SOCIAL THERAPY.

Grouped under Social Therapy are a great variety of

activities all directed to making good that part of the patient's life most affected by his being in hospital, that is, his social life.

Actually, social therapy is a requirement of all hospitals, whether general or special, and of sanatoria. In the case of mental hospitals, however, it is particularly important for at least three reasons. First, there are more long term cases; second, at least 95% of the patients are up-patients and physically fit; third, the psychiatric illness from which the patient is suffering itself usually has caused considerable dislocation of his social life and his treatment cannot be regarded as being complete until he has been assisted to make the necessary re-adjustments. Of recent years, therefore, the importance of social therapy has been increasingly emphasised. It has taken a lot of time and effort on the part of the staff—it is so much easier to put the patient to bed than to entertain him or encourage him to take part in social activities—nevertheless, it has probably done more to produce that bright, cheerful, optimistic atmosphere which make English Mental Hospitals outstanding than any other single factor.

Religious Services.—Facilities are provided for Divine Worship and devotional exercises. Church of England, Non-conformist and Roman Catholic Chaplains hold regular services. They visit the wards frequently and at will, and their spiritual help is much appreciated by the patients.

Occupational Therapy.—Miss M. Thompson, Head Occupational Therapist, has on her staff three qualified assistants, and her department organises under medical guidance the employment and occupation of all the patients in the Hospital. In addition to the main Occupational Therapy Department, there are at present six centres in the wards and it is proposed to increase this number considerably in due course. Specially designed record cards are kept and progress reports are regularly submitted to the medical staff. The patients are given a wide variety of occupations and we have been fortunate in obtaining a good supply of materials from the manufacturers. The O.T. staff also supervise the patients working in utility departments.

At present, about three-quarters of the patients in the Hospital follow some form of occupation. The remaining quarter consists largely of senile and degenerate patients. In our proposed extension, however, it is these patients who will receive special attention, for the all-round improvement which follows occupational activity more than repays the efforts of the staff.

Art Classes.—These classes were started two years ago by Miss Hipwell and Miss Webb of the Bishop Otter College. Unfortunately for us, these two ladies, who have our gratitude and best wishes, have taken up other posts. Through the kindness of Mrs. J. D. Morrissey, however, and with the assistance of Mrs. M. Williams, the Clinical Psychologist, it has been possible to continue the weekly art classes. They are very popular and they give the patients an outlet for self-expression, while we often find the results extremely informative.

In addition, the Hospital regularly receives copies of well known pictures from the British Red Cross Picture Library Scheme. These are circulated round the wards, being changed frequently, and as well as being admired, have evoked creative interest.

Magazine.—"The Wishing Well" is in every respect the patients' own magazine, and another popular means of self-expression. The first number was printed in January, 1947, since when it has appeared with unfailing regularity. It is written, printed and distributed entirely by patients who have their own editorial committee. The standard of the contributions remains high and it gives additional interest and occupation to many patients. The Hospital is justly proud of its magazine.

Concerts.—Each month since March, 1947, we have had the pleasure of enjoying a musical concert given by well known artistes. We are indebted to the 'Council for Music in Hospitals' who have undertaken all the many details of organisation of these concerts and we believe that the Council is providing a service which is indispensable to hospitals. The concerts provide entertainment of a high cultural level. The programmes consist of serious music, some even highbrow, and no attempt is made to 'popularise' them. The patients can please themselves whether they attend or not, but the audience is never less than 200 to 250, even during the summer months when there are many outdoor counter-attractions. Apart from their entertainment value, however, these concerts have stimulated some patients to study music seriously, thereby not only enlarging their interests but helping to combat a tendency to undue personal preoccupation so common a feature in psychiatric disorders.

In addition to the regular monthly concerts, we had a visit from the Chichester Amateur Operatic Society, who gave a very fine performance of "Jolly Roger." We also had a vocal and organ recital of sacred music given by Elizabeth Backhouse

and Mr. E. C. England, and the Subdeanery Augmented Choir under the direction of Mr. E. C. England gave a rendering of Stainer's "Crucifixion" on Good Friday.

List of artistes who have visited the Hospital.

1948.

May	...	...	Gordon Clinton	...	<i>Baritone</i>
			Teresa King	...	<i>Ballet Dancer</i>
			Sheila Mossman	...	<i>Pianist</i>
June	...	...	Florence Hooton	...	<i>'Cellist</i>
			Helen Cleaver	...	<i>Pianist</i>
July	...	...	Steuart Wilson	...	<i>Baritone</i>
			Mary Wilson	...	<i>'Cellist</i>
			Joan Davies	...	<i>Pianist</i>
August	...	...	Mary Bonin	...	<i>Soprano</i>
			Margaret Norman	...	<i>Pianist</i>
September		...	Marjorie Alexander	...	<i>Pianist</i>
October	...	...	Joseph Segal	...	<i>Violinist</i>
			Hubert Greenslade	...	<i>Pianist</i>
November		...	Frank Broadbridge	...	<i>Baritone</i>
			Jean Merlow	...	<i>Pianist</i>
December		...	The Windrush String Orchestra		

1949.

January	...	...	Lambert Flack	...	<i>Flautist</i>
			Jeannette Pearson	...	<i>Pianist</i>
February		...	Elizabeth Lockhart	...	<i>Violinist</i>
			Hubert Greenslade	...	<i>Pianist</i>
March	...	...	Jean Merlow	...	<i>Pianist</i>
April	...	...	Tom Culbert	...	<i>Tenor</i>
			Henry Bronkhurst	...	<i>Pianist</i>
May	...	...	Donald Munro	...	<i>Baritone</i>
			Hubert Greenslade	...	<i>Pianist</i>
June	...	...	Harold Fairhurst	...	<i>Violinist</i>
			Reginald Paul	...	<i>Pianist</i>

Library.—The library continues to be most popular. There is a good supply of books which may be changed on any weekday. Our thanks are again due to the St. John and Red Cross Hospital Library Department for their great assistance.

Recreational Therapy.—Consistent with their condition, the utmost freedom of movement is given to patients. They are classified into "observation" and "non-observation" groups. The latter are accommodated in completely open wards, all have the privilege of the grounds, while a large proportion are free to visit the town unaccompanied. The degree of observation for the other group varies from close and continual

supervision of those patients who display undesirable tendencies (a very small number who are always under review), to the light control maintained in wards open to their gardens. Patients greatly appreciate freedom from restrictions and where they have undertaken to give us their co-operation they have rarely abused the privileges which have been granted to them. The non-observation group already contains the greater proportion of patients and it is steadily increasing. Weekend and holiday leave is practised extensively and with great benefit.

Facilities for outdoor recreation are good. The patients have their own football and cricket teams and their fixture lists have included many games with neighbouring teams. Hockey and stoolball have been popular with the women patients while there are several courts available for tennis. During the summer months, motor coach excursions to the seaside were made each week.

There are also plenty of indoor recreations and amusements. In addition to the radio, the wards are well supplied with pianos, books and papers. Inter-ward billiard matches are keenly contested, and during the winter each ward gives a party to which patients from other wards are invited. Cinema shows are held twice weekly. On Christmas Eve, the staff gave us a most excellent concert which was much enjoyed by everyone and voted to be one of the most popular events in our entertainment calendar.

Clubs.—The social clubs at Summersdale Villa and in the Main Building, like the Wishing Well, are definitely a product of the patients' own efforts. In the background there is friendly supervision and guidance and a member of the staff is always present at the club meetings. The organisation and the programme of activities, however, is the concern of the club committee. The meetings are held in the evenings, they are attended by both men and women patients, and they are valuable not only because they interest and entertain, but also they foster and provide a social outlet.

Canteen.—The canteen is open daily and supplies have been well maintained.

Hairdressing.—The morale of the women patients has been undoubtedly improved by this department which is always busy and which we regard as being quite indispensable.

Rehabilitation.—In a large number of cases, the patients leaving Hospital are unable to make provision for that period

of rehabilitation and convalescence which we regard as being essential before a return to ordinary life with its cares and responsibilities is undertaken. At our Centre at Worthing we are able to provide almost ideal conditions for this purpose—an attractive environment with a homely, friendly atmosphere—and at last we are able to offer accommodation for four men as well as four women. The duration of stay is at least a fortnight and the improvement in the patient is noticeable.

629 women have visited the Centre since it was opened in August 1943, and 24 men since September 1948.

5. DISCHARGES.

The following table gives the discharges, departures, etc., during the year 1948 :—

	Voluntary.			Temporary.			Certified.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Recovered ...	79	152	231	—	—	—	3	6	9	82	158	240
Relieved ...	63	99	162	—	—	—	2	4	6	65	103	168
Not Improved	25	17	42	—	—	—	3	2	5	28	19	47
By operation												
of law ...	—	—	—	—	—	—	2	—	2	2	—	2
Transferred...	—	—	—	—	—	—	1	2	3	1	2	3
	167	268	435	—	—	—	11	14	25	178	282	460

During the year, 240 patients recovered from their illness and were discharged—a recovery rate of 41.7%. In addition, 168 patients whose condition was relieved left the Hospital. Calculated upon the total number of direct admissions, these two figures together give a percentage of 70.9% recovered and relieved.

6. GENERAL HEALTH.

The health of the patients and staff has been satisfactory and there have been no epidemics.

On 31st December 1948, there were 8 patients (M. 5, F. 3) suffering from Pulmonary Tuberculosis. Unfortunately one of our nursing sisters is receiving treatment for this condition, but I am very pleased to report that she is making satisfactory progress.

The Physiotherapy Department has been kept busy, the required treatments in the form of massage and remedial

exercises, actinic rays, faradism, and ultra-short wave diathermy being made available by Mrs. M. Harry who is in charge.

The Chiropodist pays a weekly visit to the Hospital and his services have been much appreciated by both patients and staff.

The diet of the Hospital has been constantly under review and maintained at the highest level consistent with the limitations imposed by rationing and the difficulty of supplies. Every consideration has been given to the general comfort of the patient to make his stay in Hospital as pleasant as possible. Once again, therefore, I wish to thank the Lay Administrator and his staff for their invaluable assistance.

7. DEATHS.

Below are given figures relating to the deaths which occurred during 1948 :—

		M.	F.	T.
Voluntary	...	25	22	47
Temporary	...	1	4	5
Certified	...	18	21	39
		44	47	91

The average age at Death was 70.7 years. Post-mortem examinations were made in 74.7 of the cases. The death rate was 8.3%: this is better than last year, when it was 11.4%, but it is still high and due to the admission of elderly patients in a precarious state of health.

Although it is not strictly relevant to this report, I wish to mention that the death rate this year will undoubtedly be seriously increased, for already a greater number of patients have died during the first six months of this year than during the whole of 1948.

We provide a very high standard of medical and nursing care, but nothing can be done for the increasingly large number of feeble, even moribund, elderly patients who are being admitted to this Hospital. Despite everything, the majority of these unfortunate patients never leave their beds and many die in the first week or fortnight.

8. DEPARTMENT OF CLINICAL RESEARCH.

In last year's report the reasons for the appointment of a Director of Clinical Research were set out. Dr. E. Stengel was appointed to the post and started work on 1st August 1947. A Department of Clinical Research in a mental hospital such as Graylingwell Hospital has a variety of functions. It is desirable that the Department should not work in isolation from the general medical activities which are in need of constant scientific scrutiny. The systematic study into the effects of modern treatments of mental illness is an important task of such a Department. Investigations of a fundamental nature which promise to advance the knowledge of mental illness and its origins are equally important. The Director of Clinical Research should also take a leading part in clinical teaching. It is a general experience that clinical research and clinical teaching, especially post-graduate teaching, benefit each other greatly. Active clinical research, which requires team work, can flourish only in a hospital where the scientific approach is taught and kept alive. On the other hand, by his participation in clinical teaching the research worker is kept in touch with the realities of the medical work and derives valuable stimulation by regular contact with the medical staff. The Director of Clinical Research has endeavoured to do justice to each of those functions of his Department. Since the establishment of the Department the teaching activities of the Hospital have been intensified.

A comprehensive clinical investigation into the long-term effects of pre-frontal leucotomy has been carried out. 345 cases operated on from 1942 to the end of 1947 have been fully investigated. Miss N. G. Cook, who took up her appointment as Psychiatric Social Worker attached to the Department of the Director of Research on 1st March 1948, rendered valuable assistance in this work. This is not the place to report on the many interesting results of those investigations which will be published in due course. A few data only shall be mentioned. Of the 345 patients operated on during the above period about three-quarters benefited from the operation to a greater or lesser degree. Almost half their number are at present living outside Hospital. Most of these were visited by Dr. Stengel and Miss Cook at their own homes. The co-operation on the part of the patients and their relatives was most gratifying. Only in four cases was information about the patient's progress refused. A preliminary report on the results of these investigations was given by myself at the International Conference of Psychosurgery at Lisbon in August 1948. Dr. Stengel was invited to take part in a Symposium

on Pre-frontal Leucotomy at the International Congress of Psychology at Edinburgh in July 1948. A paper by Dr. Stengel on the anatomical end results of Pre-frontal Leucotomy is to be published in a special volume issued in honour of Professor Poetzl, late Professor of Psychiatry at the University of Vienna.

Apart from the work on Pre-frontal Leucotomy, research has been carried out by Dr. Stengel and Dr. Brody into certain aspects of intensive Electro-Convulsant Therapy.

The Director of Clinical Research was asked to contribute to a volume to be published in honour of Dr. W. Meng, Professor of Mental Hygiene at the University of Basle. His article deals with the Psychopathology of Fugue States, with special consideration of the aspect of mental hygiene. He was also invited to take part in a discussion on the Psychodynamics of Depression, at the International Conference of Physicians held in London in September 1947. His contribution was published in a paper entitled "Some Clinical Observations on the Psychodynamic Relationship between Depression and Obsessive-Compulsive Symptoms." Dr. Stengel also took part, on invitation, in a Symposium on "The Application of Psycho-analytical Principles to the Hospital In-patient," held at the Royal Society of Medicine in March 1948.

An important psychological contribution to the work of the Department of Clinical Research has been made by Mrs. M. Williams, who has carried out research into the immediate effects of Leucotomy, Insulin and Electro-convulsant Therapy on mental processes, especially in the fields of memory and perception. The importance of these immediate, and often temporary, effects on the results of mental testing carried out during a course of active treatment is being investigated. An attempt is also being made to compare the mental changes present after a course of glissando E.C.T. with the E.E.G. records taken at the same time.

9. EARLY TREATMENT CENTRE.

There is now general agreement that a small specially designed unit of about 100 beds for the treatment of recent well-conducted co-operative patients is an urgently needed extension of the psychiatric services. The detailed proposals which we have submitted have met with the unqualified approval of all the authorities concerned. A suitable site has been acquired, plans prepared, and now we await the return of more favourable times for building to commence.

10. HOSPITAL STAFF.

Medical.—The present medical staff consists of Dr. M. B. Brody, Deputy Medical Superintendent, Dr. D. Rice and Dr. R. L. Buttle, Psychiatrists, Dr. N. E. Panton, Dr. A. J. Oldham, and Dr. J. D. Morrissey, Assistant Psychiatrists, Dr. M. M. Salzmänn and Dr. J. Towers, Registrars, and Dr. V. Mathews, and Dr. M. McCabe, House Physicians. We also have the part-time services of Dr. Olive Sharp, Psycho-therapist, and Dr. A. Kirshner, Pathologist. In December 1948, Dr. E. Stengel, Director of Clinical Research, left to take up a similar post at the Maudsley Hospital. This post is still vacant but it is hoped to obtain a replacement in the near future. At present we also have vacancies for two House Physicians.

The practice of organising the medical staff into “firms” has been continued. Many advantages have accrued from this not least being the increased opportunities it has afforded the junior members of the firm of gaining experience in the treatment and management of all varieties of patients, of taking part in all the extra-mural activities as well as working in the Hospital, and of daily receiving valuable coaching and clinical instruction.

The Wednesday evening clinical meetings have been continued when special cases are demonstrated and discussed. They are attended by all the medical staff, the matron, the chief male nurse, the social workers and the occupational therapists. In addition, a medical staff meeting is held each day for the detailed consideration of the innumerable problems and points of interest which are constantly arising in mental hospital practice.

The Medical Staff Committee, formed in January 1948, is now the Group Medical Advisory Committee. It is comprised of the members of the consultant staff and the members of the Hospital staff above the grade of registrar. Having considerable influence and executive power, it has engendered in the staff a sense of personal responsibility for the welfare of the Hospital. This year the Chairman is Dr. R. L. Buttle and the Honorary Secretary is Dr. A. J. Oldham.

Nursing.—Senior Staff.—The Matron, Miss Lilian A. de Gras, has to assist her Miss Rowena Rees, Deputy Matron, Miss Mary Caird, Senior Assistant Matron and Miss S. Grealy and Miss Rosalind Wheeler, Junior Assistant Matrons. Miss Beatrice Nash is the Sister Tutor.

The Chief Male Nurse, Mr. S. G. Richards, has Mr. H. G. Clinch as his Deputy and Mr. F. Southin as his Senior Assistant.

Nurses and Male Nurses.—The improvement in the numerical strength of the nurses on the staff has been well maintained while on the male side the agreed establishment has remained at practically full strength. On 2nd January, 1949, it was possible to introduce a 96-hour fortnight on the female side so that at last we have this more reasonable period of duty in operation throughout the whole Hospital with great benefit to both patients and staff.

This month, Mrs. L. Rawlins commenced duty as Home Hostess in place of Mrs. L. Tanner who left to take up another post. The Home Hostess devotes her time to looking after the comfort and general well-being of the nursing and domestic staff.

We are constantly trying to make the conditions of the staff as attractive and pleasant as possible. Much has already been done, but several major schemes are waiting to be implemented as soon as we are allowed. In these schemes the welfare of the male nurses has not been forgotten.

The Staff Social Club—a registered club—has had another very successful year and through its many and varied activities has done much to meet the social and recreational requirements of the staff.

The Preliminary Training School has been well maintained. Each course of tuition now lasts three months. The new hut will be ready for use in the course of a few weeks and will provide much improved accommodation for the school.

Examination Results.—Royal Medico-Psychological Association—1 nurse passed the Preliminary Examination, and in the Final Examination, 3 nurses passed, and 1 male nurse passed with distinction. General Nursing Council—1 nurse and 6 male nurses passed the Preliminary Examination, and 2 nurses passed the Final Examination.

Lay Administration.—The non-medical departments of the Hospital are supervised by Mr. E. C. England, F.H.A., the Lay Administrator, who, under the new regime, has become the Secretary of the Management Committee and Finance Officer and Supplies Officer.

With the assistance of his comparatively small, but extremely competent administrative staff, the transfer from the old system of management to the new was effected smoothly and without disturbance of Hospital routine.

There can be no doubt, however, that the duties of this department have increased, and consideration will have to be given either to adding to the staff or to the provision of additional labour-saving office equipment.

Our domestic administrative structure has stood the test of time and is working admirably and efficiently ; while we make a broad distinction between medical and lay spheres of activity, we also maintain the closest co-operation and collaboration and, in this way, the activities of all departments are effectively co-ordinated to secure the maximum benefit to the patients.

11. SUMMARY OF RESIDENT ENGINEER'S REPORT.

399,780 B.O.T. units of electricity were generated at a cost of 1.82d. per unit. The generating plant is inadequate to meet the increasing demands made upon it, and arrangements have, therefore, been made for the Hospital to be connected to the public supply.

The total quantity of water consumed was 42,418,750 gallons, of which 36,275,000 gallons were purchased from the City Corporation at a cost of 8¼d. per 1,000 gallons.

The boilers and other engineering plant are well maintained and satisfactory inspection reports are regularly received from the Insurance Company.

Arrears of repairs to the fabric of the Hospital are being executed as supplies of materials and the necessary labour become available and, in general, the buildings are in fairly good condition. The systematic redecoration of the Hospital has been continued with good effect.

Among special works completed during the year were the adaptation of part of the Farm House to provide an additional house for a medical officer, and necessary alterations to the Convalescent Home at Worthing.

The obsolete and inefficient C.O.² refrigerating plant has been replaced by a modern plant, which is working very satisfactorily.

Work in progress at the end of the year included the erection of a hut for use as a Preliminary Training School, and the provision of lavatory basins and an additional bathroom in the Junior Nurses Block.

12. SUMMARY OF FARM BAILIFF'S REPORT.

Farming operations have again been very successful, farm and kitchen garden crops being highly satisfactory.

Sufficient quantities of meat, milk, eggs, fruit, vegetables and salads have been supplied to meet the full requirements of the Hospital all the year round, and, in addition, surplus potatoes and other vegetables have been sold to neighbouring hospitals and to the Ministry of Food.

The Farm was awarded the "North" Challenge Cup for the highest average yield of milk for a Shorthorn Herd in West Sussex. One cow, "Lady Lockett," gave 2,190 gallons in 305 days, which was the highest average yield for a Shorthorn Cow in England and Wales. The average yield of the herd was 1,056 gallons.

Arrangements have been made for the cottages at Old Place Farm to be connected to the Public water supply and for water to be made available to all other parts of the Farm.

Approximately 50 patients are helping with the work of the Farm and the Gardens and their valuable assistance is greatly appreciated.

13. OFFICIAL VISITS.

5th February, 1948	Commissioners of the Board of Control—Dr. Isabel G. H. Wilson, and Mr. J. C. Rawlinson.
11th May, 1948.	Ministry of Pensions—Dr. A. T. W. Forrester.
23rd September, 1948.	Ex-Services Welfare Society—Commander Tennyson.

CONCLUSION.

To my colleagues, medical, nursing and lay, I wish to tender my sincerest thanks for it was their willing and enthusiastic co-operation which made possible the great activity of the past year. I would also express my deepest gratitude to you, Mr. Chairman, Ladies and Gentlemen, for your continued encouragement and support.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOSHUA CARSE,

Medical Superintendent.

CHAPLAIN'S REPORT, 1949.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my fourth report as Chaplain of the Hospital for the year ending 31st March, 1949.

Divine Services.—Morning and Evening Services have been held in the Hospital Chapel every Sunday, and Evensong every Friday in Richmond I for those unable to attend the Chapel. Holy Communion has been celebrated every month, with a celebration for the Staff on the Festivals at 6.15 a.m. Private Communion have also been given in both the Male and Female sick bays every month, and as requested.

The Christmas Season was marked by a recital of Sacred Music by Mrs. Elizabeth Backhouse (soprano) and Mr. Ernest England (organ), a Carol Service, under the leadership of Mr. C. Murgatroyd, and Holy Communion on Christmas Day. On Good Friday evening, Stainer's "Crucifixion" was sung by a special Choir, including the boys from the Subdeanery Church, conducted by Mr. Ernest England. The large congregation joined in the singing of the hymns. Morning Prayer with sermon was also held on that day.

Mr. Gordon Bearman, the County Librarian and Diocesan Lay Reader. The Rev. Canon Lowther Clarke, D.D., and the Rev. Gordon Aldis, B.A., have preached in the Chapel during the year.

Three members of the Staff were prepared for Confirmation and confirmed by the Bishop of Chichester.

I have officiated at 24 funerals at Chichester Cemetery. I also represented a patient at the funeral of his wife, at St. Pancras Church, and officiated at the funerals of two employees of the Hospital at Westhampnett Church.

Visiting.—All the wards and departments have been visited regularly and every endeavour has been made to speak to the patients individually, and I have met every request for an interview. It is very difficult to know the result of such talks, but I have received many words of appreciation, and also letters from patients who have returned home. One patient, whom I saw at the suggestion of the doctor, says that it was the turning point of her recovery. Another writes that in spite of the

depression she was passing through when she came to the Hospital, she can still remember much of the sermons she heard in Church and quotes from one of them. I believe that the message of the Gospel is a great comfort to those who have no immediate prospect of release. It is a contact with the work of the Church outside, and prayer enables them to rise above their present circumstances.

Social Activities.—I have been happy to join in the patients' football and cricket games, bringing a team from Westhampnett to play against them. I have also attended some of their social activities, and the Ward Parties at Christmas and the New Year.

Acknowledgments.—The co-operation of the patients and nursing staff has been most helpful, and I am deeply grateful to Dr. Carse for his wise and sympathetic direction, and to Mr. England for his help at all times. The Farm Bailiff and his staff have assisted greatly by the provision of flowers for the Church, and the special decorations at Christmas, Easter and Harvest.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. C. SALISBURY,

Chaplain.

THE FREE CHURCH CHAPLAIN'S REPORT.

August, 1949.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to report on my work as Free Church Chaplain during the past twelve months.

Personal contacts with a large number of patients in all departments have been maintained, and I have greatly appreciated the opportunities afforded me of sharing the confidence and friendship of so many. In this important part of the work I have received ready and unfailing assistance from all members of the staff, for whose active co-operation I am deeply grateful.

The weekly gatherings for "Community Singing," which I have conducted in the wards and in the Occupational Therapy Centre, have continued throughout most of the year. The informality of these "musical hours" and the infinite variety of the songs, ranging from the classics to the noisiest ditties, have combined to make community singing an activity to which many look forward week by week.

By invitation of the Rev. Salisbury I have again enjoyed the privilege of conducting the evening services in the Church on the second Sunday of each month. The congregations have invariably been large and responsive, and many closer personal relationships resulted from the services.

I remain, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

P. J. SPOONER.

THE R.C. CHAPLAIN'S REPORT.

August, 1949.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my report for the year ending 31st March, 1949.

During the past year, two changes have occurred which have proved advantageous to both patients and staff. Our Oratory, situated in the main building, had for some time been a source of worry, consequently we welcomed the news that the rest room in Kingsmead Villa had been allotted to us in exchange. However, we look on it as merely a temporary measure, and await the day when we shall have our own church in the Hospital grounds.

Secondly, the problem of Sunday Mass for the nurses has been satisfactorily solved. Transport is provided each Sunday to take the nurses to and from Mass. In addition, patients, who are well enough to do so, accompany the staff.

For their co-operation in these matters, we owe the authorities our sincere thanks.

Mass was said in the Hospital each Tuesday as usual, and patients and staff were given facilities for Confession and Holy Communion. The wards were visited regularly and Communion was given to patients unable to attend Mass.

In cases of serious illness the Last Sacraments were administered, and all Catholics undergoing operations were visited beforehand.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. B. HARTE.

General Table, showing the Movement of the Hospital Population during the year, 1948.

	Voluntary			Temporary			Certified			Voluntary			Temporary			Certified			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
On the Hospital Registers, 1st January, 1948 ...	157	234	391	1	1	2	251	430	681	409	665	1074									
Total cases admitted during the year ...	140	274	414	2	2	4	66	105	171	208	381	589									
Regradings ...	39	52	91	-2	3	1	-37	-55	-92	—	—	—									
Total cases under Treatment during the year ...																336	560	896	1	6	7
<i>Cases discharged, departed or transferred during year :—</i>																			280	480	760
Recovered ...	79	152	231				5	6	11	84	158	242									
Relieved ...	63	99	162				3	5	8	66	104	170									
Not Improved... ..	25	17	42				3	3	6	28	20	48									
Died during the year ...	25	22	47	1	4	5	18	21	39	44	47	91									
Total cases discharged, and died, during the year ...	...	...	...	...	...	...	...	...	...	...	...	...				192	290	482	1	4	5
On the Hospital Registers 31st December, 1948 ...	...	...	...	...	...	...	...	...	...	...	...	...				144	270	414	--	2	2
Average daily number resident during the year ...	...	...	...	...	...	...	...	...	...	...	...	...				151	263	414	1	1	2
Statutory accommodation ...	...	...	...	...	...	...	...	...	...	...	...	...							222	329	551
																			395	717	1112
																			404	697	1101
																			350	691	1041

Table showing the Admissions, Discharges and Deaths with the mean Annual Mortality, and Proportion of Recoveries per cent. on Admissions.

Year	Admitted				Discharged						Died						Remaining 31st Dec.						Average Number Resident						Percentage of Recoveries on Admissions ex- cluding Transfers						Percentage of Deaths on Average Number Resident					
					Recovered			Relieved			Not Improved			Died			Remaining 31st Dec.			Average Number Resident			Percentage of Recoveries on Admissions ex- cluding Transfers			Percentage of Deaths on Average Number Resident														
	M		F		T		M		F		T		M		F		T		M		F		T		M		F		T		M		F		T					
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T							
1916	...	...	...	5	8	13	2	2	4	...	...	...	28	28	56	266	308	574	213	325	538	27.90	27.40	27.61	7.50	3.99	5.37	7.50	3.99	5.37	7.50	3.99	5.37	
1917	...	...	...	2	3	5	...	...	...	...	...	...	38	38	76	225	265	490	245	357	602	35.29	51.35	44.80	6.94	6.16	6.48	6.94	6.16	6.48	6.94	6.16	6.48
1918	...	...	...	...	3	3	4	1	5	12	5	17	51	31	82	158	225	383	265	397	662	20.93	35.71	29.29	3.39	2.51	2.85	3.39	2.51	2.85	3.39	2.51	2.85			
1919	53	103	156	...	2	2	...	...	1	1	...	1	8	25	33	202	300	502	302	438	740	35.13	25.64	28.69	4.97	3.42	4.06	4.97	3.42	4.06	4.97	3.42	4.06					
1920	54	88	142	12	17	29	1	4	5	...	...	...	16	15	31	227	348	575	294	444	738	38.77	35.48	36.93	9.18	5.17	6.77	9.18	5.17	6.77	9.18	5.17	6.77				
1921	61	82	143	18	38	56	2	6	8	1	...	...	17	22	39	250	359	609	305	441	746	36.73	43.03	40.62	7.87	4.07	5.69	7.87	4.07	5.69	7.87	4.07	5.69					
1922	79	111	190	9	20	29	3	7	10	10	...	...	9	10	19	298	419	717	304	455	750	35.18	36.84	36.15	6.89	3.95	5.30	6.89	3.95	5.30	6.89	3.95	5.30					
1923	44	86	130	13	20	33	7	14	21	3	...	...	15	15	30	304	448	742	316	471	787	23.08	28.57	26.06	7.28	7.43	7.20	7.28	7.43	7.20	7.28	7.43	7.20					
1924	58	75	133	19	22	41	5	9	14	7	...	...	27	23	50	304	454	758	343	502	845	33.82	31.96	32.72	7.29	4.77	6.10	7.29	4.77	6.10	7.29	4.77	6.10					
1925	52	88	140	18	34	52	7	13	20	3	...	...	24	18	42	305	441	746	355	522	877	33.80	30.34	31.87	6.48	8.24	7.51	6.48	8.24	7.51	6.48	8.24	7.51					
1926	57	82	139	19	28	47	10	10	20	1	...	...	21	18	39	310	469	779	353	529	882	31.75	43.42	38.13	7.79	4.54	5.80	7.79	4.54	5.80	7.79	4.54	5.80					
1927	68	85	153	15	22	37	5	13	18	4	...	...	23	35	58	331	481	812	362	551	913	30.00	40.00	36.50	6.60	4.90	5.67	6.60	4.90	5.67	6.60	4.90	5.67					
1928	76	107	183	23	31	54	5	5	10	1	...	...	25	24	49	353	524	877	370	571	941	29.10	38.50	34.60	10.30	5.90	7.75	10.30	5.90	7.75	10.30	5.90	7.75					
1929	77	97	174	24	27	51	6	14	20	26	...	...	23	43	66	351	526	877	380	582	962	36.60	56.60	38.50	6.30	5.70	5.92	6.30	5.70	5.92	6.30	5.70	5.92					
1930	68	88	156	20	33	53	3	10	13	9	...	...	28	24	52	359	543	902	397	600	997	41.00	36.60	38.40	11.40	8.50	9.60	11.40	8.50	9.60	11.40	8.50	9.60					
1931	69	117	186	18	44	62	8	15	23	11	...	...	24	27	51	367	565	932	401	622	1023	34.00	47.20	42.00	9.50	5.90	7.30	9.50	5.90	7.30	9.50	5.90	7.30					
1932	88	122	210	23	43	66	11	15	26	5	...	...	38	34	72	378	580	958	426	629	1055	41.70	49.30	46.20	8.40	8.10	8.20	8.40	8.10	8.20	8.40	8.10	8.20					
1933	89	132	221	30	69	99	11	15	26	13	...	...	24	33	57	389	588	977	430	634	1064	43.20	37.00	39.40	9.50	10.10	9.90	9.50	10.10	9.90	9.50	10.10	9.90					
1934	128	175	303	49	60	109	16	20	36	7	...	...	45	51	96	400	612	1012	397	600	997	41.00	36.60	38.40	11.40	8.50	9.60	11.40	8.50	9.60	11.40	8.50	9.60					
1935	113	164	277	35	76	111	8	18	26	8	...	...	38	37	75	424	637	1061	401	622	1023	34.00	47.20	42.00	9.50	5.90	7.30	9.50	5.90	7.30	9.50	5.90	7.30					
1936	106	154	260	43	73	116	16	25	41	3	...	...	36	51	87	432	630	1062	426	629	1055	41.70	49.30	46.20	8.40	8.10	8.20	8.40	8.10	8.20	8.40	8.10	8.20					
1937	116	186	302	48	67	115	19	25	44	10	...	...	41	64	105	430	647	1077	430	634	1064	43.20	37.00	39.40	9.50	10.10	9.90	9.50	10.10	9.90	9.50	10.10	9.90					
1938	105	174	279	29	67	96	18	37	55	19	...	...	41	42	83	422	643	1065	422	643	1065	29.30	42.90	37.60	9.70	6.50	7.80	9.70	6.50	7.80	9.70	6.50	7.80					
1939	128	221	349	42	82	124	33	38	71	10	...	...	38	60	98	417	643	1060	425	638	1063	35.60	41.00	39.00	8.90	9.40	9.20	8.90	9.40	9.20	8.90	9.40	9.20					
1940	128	182	310	40	86	126	42	32	74	12	...	...	45	61	106	406	639	1045	414	637	1051	32.20	48.90	42.00	10.90	9.60	10.10	10.90	9.60	10.10	10.90	9.60	10.10					
1941	108	225	333	41	61	102	18	42	60	9	...	...	34	75	109	412	676	1088	409	633	1042	39.40	35.20	36.80	8.30	11.80	10.40	8.30	11.80	10.40	8.30	11.80	10.40					
1942	92	176	268	52	81	133	16	29	45	5	...	...	34	67	101	397	672	1069	409	635	1074	57.77	46.55	50.37	8.31	10.07	9.40	8.31	10.07	9.40	8.31	10.07	9.40					
1943	119	194	313	50	123	173	22	20	42	11	...	...	39	49	88	394	657	1061	389	664	1053	42.37	64.06	55.80	10.02	7.38	8.35	10.02	7.38	8.35	10.02	7.38	8.35					
1944	124	236	360	62	132	194	25	37	62	8	...	...	37	56	93	386	677	1063	385	671	1056	51.20	57.10	55.10	9.60	8.30	8.80	9.60	8.30	8.80	9.60	8.30	8.80					
1945	150	289	439	71	163	234	22	46	68	7	...	...	43	68	111	393	679	1072	385	671	1056	47.97	57.39	54.16	11.16	10.13	10.51	11.16	10.13	10.51	11.16	10.13	10.51					
1946	205	321	526	92	174	266	44	74	118	11	...	...	45	67	112	406	677	1083	396	684	1080	44.90	54.20	50.60	11.40	9.80	10.40	11.40	9.80	10.40	11.40	9.80	10.40					
1947	224	350	574	92	191	283	73	78	151	14	...	...	42	79	121	409	665	1074	404	658	1062	41.80	56.00	50.40	10.40	12.00	11.40	10.40	12.00	11.40	10.40	12.00	11.40					
1948	208	381	589	82	158	240	68	104	172	28	...	...	44	47	91	395	717	1112	404	697	1101	40.80	42.25	41.74	10.89	6.74	8.27	10.89	6.74	8.27	10.89	6.74	8.27					

Printed in the Graylingwell
Hospital Occupational
Department.